## MINOR TRAVEL CONSENT FORM

Two Parents/ Guardians

Date of Birth:	Passı	oort Number: (if applicable
Parent/Legal Guardian Inform	mation:	
Parent / Guardian #1		Parent / Guardian #2
Name:		Name:
Relationship to Child:		– Relationship to Child:
Identification Number:		— Identification Number:
Address:		— Address:
Contact Number:		Contact Number:
Travel Information:		
Destination:		
Departure Date:	<del> </del>	Return Date:
Traveling With:		
Relationship to Minor:		
Address/Contact at Destination:		
Contact Number:		
Consent Statement:		
We	and	, are the lawful
parents / guardians of		We hereby grant permission
for our child to travel to		

## **Emergency Information:** Doctor's Name: \_\_\_\_\_ Doctor's Contact Number: \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_\_ Policy Number: \_\_\_\_\_ Parent / Legal Guardian Signature: (Do not sign until in front of the notary public.) Parent #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent #2 Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ **Notary Acknowledgement** County of \_\_\_\_\_ The forgoing instrument was acknowledged before me by means of Physical Presence Online Presence this \_\_\_\_\_\_, 20\_\_\_\_\_\_, Personally Known Produced Identification: Type of Identification Produced: (Parent / Guardian #1) Type of Identification Produced: \_\_\_\_\_\_ (Parent / Guardian #2) Notary Public Signature: \_\_\_\_\_ Notary Public Name: \_\_\_\_\_ (Notary Official Seal)